

09/843637

POSITION	INITIALS	ID NO.	DATE
	E.F.		05-01-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	L		5-19-01
FORMALITY REVIEW	MW	920	06-20-01
RESPONSE FORMALITY REVIEW	A.M.	580	10-11-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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C.C.  
 06-21-01  
 10-15-01